

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: LOUDON HOUSING AUTHORITY PHA Code: TN64 PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2009												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 121 Number of HCV units: _____												
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. N/A												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:												
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.												
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Loudon Housing Authority Main Office, 124 Pathkiller Trail, Loudon, TN												
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. N/A												
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.												
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached TN37-PO64-501-07 P & E Report, date ending 12/31/2008 TN37-PO64-501-08 P & E Report, date ending 12/31/2008 TN37-PO64-501-09 Annual Statement												
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached												
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A												

9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. N/A
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. N/A
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA Name: Loudon Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report									
Line	Summary by Development Account	Original	Revised	Total Estimated Cost	Obligated	Total Actual Cost			
1	Total non-CFP Funds								
2	1406 Operations	8,045.00	8,045.00		8,045.00		0.00		
3	1408 Management Improvements	46,000.00	27,477.11		27,477.11		27,477.11		
4	1410 Administration	500.00	500.00						
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs	8,500.00	8,046.65		8,046.65		3,046.65		
8	1440 Site Acquisition								
9	1450 Site Improvement								
10	1460 Dwelling Structures	9,000.00	9,000.00		9,000.00		6,350.67		
11	1465.1 Dwelling Equipment—Nonexpendable	88,497.00	107,575.24		107,575.24		26,967.75		
12	1470 Nondwelling Structures	5,000.00	5,000.00		5,000.00		4,236.30		
13	1475 Nondwelling Equipment								
14	1485 Demolition	11,500.00	11,398.00		11,398.00		10,086.99		
15	1490 Replacement Reserve								
16	1492 Moving to Work Demonstration								
17	1495.1 Relocation Costs								
18	1499 Development Activities								
19	1501 Collateralization or Debt Service								
20	1502 Contingency								
21	Amount of Annual Grant: (sum of lines 2 – 20)	177,042.00	177,042.00		176,546.00		78,165.47		
22	Amount of line 21 Related to LBP Activities								
23	Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs								
25	Amount of Line 21 Related to Security – Hard Costs								
26	Amount of line 21 Related to Energy Conservation Measures								

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: Loudon Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Original	Revised		Funds Obligated	Funds Expended	
TN64-002	Tree removal	1450	LS	2,000.00	2,000.00		2,000.00	2,000.00	
	Kitchen, bath renovations, VCT, exterior doors/frames/hardware, HVAC	1460	LS	83,497.00	23,585.75		23,585.75	23,585.75	
	Replace windows and window sills*	1460		0	78,989.49		78,989.49	3,382.00	
TN64-003	Tree removal	1450	LS	2,000.00	2,000.00		2,000.00	425.00	
	Clean HVAC coils	1460	72	5,000.00	5,000.00		5,000.00	0.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-08 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report									
Line No.	Summary by Development Account	Total Estimated Cost	Original	Revised	Obligated	Total Actual Cost			
1	Total non-CFP Funds								
2	1406 Operations		1,000		0.00	0.00			
3	1408 Management Improvements		42,000		29,000.00	0.00			
4	1410 Administration								
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs		7,000		4,000.00	0.00			
8	1440 Site Acquisition								
9	1450 Site Improvement		40,000		0.00				
10	1460 Dwelling Structures		96,862		96,862.00	0.00			
11	1465.1 Dwelling Equipment—Nonexpendable								
12	1470 Nondwelling Structures								
13	1475 Nondwelling Equipment								
14	1485 Demolition								
15	1490 Replacement Reserve								
16	1492 Moving to Work Demonstration								
17	1495.1 Relocation Costs								
18	1499 Development Activities								
19	1501 Collateralization or Debt Service								
20	1502 Contingency								
21	Amount of Annual Grant: (sum of lines 2 – 20)		186,862		129,862.00	0.00			
22	Amount of line 21 Related to LBP Activities								
23	Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs								
25	Amount of Line 21 Related to Security – Hard Costs								
26	Amount of line 21 Related to Energy Conservation Measures								

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFP: 2009		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: London Housing Authority					
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:)		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ²	1,000			
3	1408 Management Improvements	32,000			
4	1410 Administration (may not exceed 10% of line 21)	1,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	61,842			
10	1460 Dwelling Structures	79,000			
11	1465.1 Dwelling Equipment—Nonexpendable	5,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: London Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant		<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended	Total Actual Cost ¹	
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,842					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>Jane Everett</i>		Date April 7, 2009		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011**

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9) of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number Loudon HA TN-64		Locality (City/County & State) Loudon/Loudon/Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal		133,842	6,000	98,842	118,842
C.	Management Improvements		36,000	36,000	36,000	41,000
D.	PHA-Wide Non-dwelling Structures and Equipment		1,000	127,842	36,000	1,000
E.	Administration		1,000	1,000	1,000	1,000
F.	Other		14,000	15,000	14,000	24,000
G.	Operations		1,000	1,000	1,000	1,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		186,842	186,842	186,842	186,842
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		186,842	186,842	186,842	186,842

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

PHA Name/Number Loudon HA TN-64		Locality (City/county & State) Loudon/Loudon/Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		Annex Statement				
	PHA-WIDE		59,000	60,000	94,000	69,000
	TN64-002		0	0	25,000	50,000
	TN64-003		127,842	126,842	67,842	67,842
	CPP Funds Listed for 5-year planning		\$186,842	\$186,842	\$186,842	\$186,842

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year: 2009 FFY 2010			Work Statement for Year: 2009 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	PHA-Wide			PHA-Wide		
	Repair Drain Lines	LS	5,000	Repair Drain Lines	LS	5,000
	Landscaping	LS	1,000	Landscaping	LS	1,000
		Subtotal	6,000		Subtotal	6,000
	TN64-002			TN64-002		
	No work this year		0	No work this year		
		Subtotal	0		Subtotal	0
	TN64-003			TN64-003		
	Bathroom Renovations	LS	127,842	Community Room Renovations	LS	126,842
		Subtotal	127,842		Subtotal	126,842
	Subtotal of Estimated Cost		\$133,842	Subtotal of Estimated Cost		\$132,842

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year: 2009 FFY 2012			Work Statement for Year: 2009 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	PHA-WIDE			PHA-WIDE		
	Repair Drain Lines	LS	5,000	Repair Drain Lines	LS	5,000
	Landscaping	LS	1,000	Landscaping	LS	1,000
		Subtotal	6,000		Subtotal	6,000
	TN64-002			TN64-002		
	Repair Site Drainage Problems	LS	25,000	Handrails (second set)	LS	20,000
				Sidewalk repair/replace Roofing	LS	5,000
		Subtotal	25,000		Subtotal	25,000
See Annual Statement	TN64-003			TN64-003		
	Exterior Renovations	LS	12,042	Exterior Renovations	LS	24,042
	Foundation Doors w/insulation	LS	5,000	Kitchen Renovations	LS	10,000
	Replace sliding glass doors	LS	5,000	Fencing	LS	5,000
	Roofing	LS	25,000	Handicapped accessible Tot Lot	LS	10,000
	Replace vertical posts at decks	LS	20,800	Remove rip-rap; tile and pave	LS	13,800
				Security cameras	LS	5,000
		Subtotal	67,842		Subtotal	67,842
		Subtotal of Estimated Cost	\$98,842		Subtotal of Estimated Cost	\$123,842

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PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning _7/2009_, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Loudon Housing Authority
PHA Name

TN64
PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X Annual PHA Plan for Fiscal Year **2009**

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

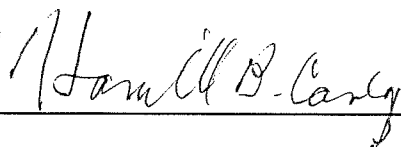
Name of Authorized Official

Title

Hamill Carey

Board Chairman

Signature



Date

03/18/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Loudon Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Lari Everett

Title

Executive Director

Signature

X *Lari Everett*

Date

03/18/2009

**LOUDON HOUSING AUTHORITY
FY2009
AGENCY PLAN CERTIFICATIONS
ATTACHMENT TO HUD-50070**

PROJECT	STREET NAMES(S)	CITY	COUNTY	STATE	ZIP CODE
TN64-002	PATHKILLER TRAIL HACKBERRY STREET	LOUDON	LOUDON	TN	37774
TN64-003	CREEKWOOD CIRCLE ELM LANE MAPLE LANE WILLOW COURT	LOUDON	LOUDON	TN	37774

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Loudon Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

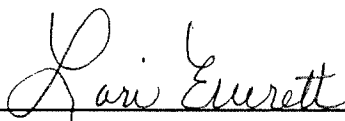
Name of Authorized Official

Lori Everett

Title

Executive Director

Signature



Date (mm/dd/yyyy)

03/18/2009

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: LoudonHousing Authority P O Box 425 Loudon, TN 37774		
6. Federal Department/Agency: HUD			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Lori Everett</u> Print Name: <u>Lori Everett</u> Title: <u>Executive Director</u> Telephone No.: <u>865/458-2061</u> Date: <u>3/18/2009</u>		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON
FY2009 AGENCY PLAN
Loudon Housing Authority (LHA)
February 11, 2009
2:00 p.m.**

There was a meeting held to receive comments from residents to add to the FY2009 Agency Plan. A list of attendees is attached.

Comments of Resident Advisory Board and Explanation of PHA Response (**in bold**):

1. Replacement of Sliding Glass Door at TN64-003 – resident suggested replacing existing with Lexan.

The housing authority will look at other options.

2. Re-number parking lots at TN64-003

The housing authority will be glad to do this. This will be done as part of maintenance.

3. Landscaping at TN64-003 – resident requested that existing be trimmed.

The housing authority has already included landscaping in their 5-year plan

LOUDON HOUSING AUTHORITY
RESIDENT ADVISORY BOARD MEETING
TO RECEIVE COMMENTS ON
THE FY2009 AGENCY PLAN
WEDNESDAY, FEBRUARY 11TH @ 2:00 P.M.

NAME	ADDRESS	PHONE NO.
Sharon Davis	129 Elm	458 0034
Lori Everett	LHA	
Marie Sheddum	MBI	



VIOLENCE AGAINST WOMEN ACT (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have a least one family member who is a U.S. Citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Loudon Housing Authority gives preference to applicants who are victims of domestic violence. The PHA requests that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Violence Against Women Act

Page 2

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

If you have any questions about the Violence Against Women Act, please contact the administration office at 458-2061.

A copy of this document will be explained to each household on move-in and maintained in the residents file as proof of notification.

Signature of Resident

Signature of Witness

Date